

United States Bankruptcy Court
Northern District of Illinois

In Re:

Debtor(s)

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Case No.:

Chapter:

Date Filed:

NOTICE OF DEFICIENCY AND/OR CORRECTION(S) REQUIRED

To:

The document(s) are deficient for one or more of the following reasons:

RETURN CHECK /MONEY ORDER/CASHIER'S CHECK

Unsigned

Debtor(s) or Company check unacceptable

No fee is required

Other:

NEW BANKRUPTCY CASE

We were unable to process your case because the following documents are missing and required at case opening:

Voluntary Petition (Official Form 101 or 201)

Statement of Social Security Number (Official Form 121)

List of Name and Addresses of All Creditors

Missing Signature(s)

No form of payment (one of the following is required)

- Full Filing Fee
- Application/Order for Individuals to Pay the Filing Fee in Installments (Official Form 103A)
- Application/Order to Have the Chapter 7 Filing Fee Waived (Official Form 103B)

Other:

In Re:

Case No.

NOTICE OF DEFICIENCY AND/OR CORRECTION(S) REQUIRED

APPLICATION FOR INDIVIDUALS TO PAY THE FILING FEE IN INSTALLMENTS¹

The Application for Individuals to Pay the Filing Fee in Installments, filed is deficient for one or more of the following reasons. Please submit as an **AMENDED** Application for Individuals to Pay the Filing Fee in Installments

Part 1:1 – Incorrect chapter selected. Please check the appropriate box

Part 1:2 – Amounts are missing or does not equal the entire fee for the chapter you checked in line 1

Part 1:2 – Dates are missing or incomplete

Part 1:2 – Total does not equal the entire fee for the chapter you checked in line 1

Part 2 – Missing signature(s)/Date(s)

Other:

APPLICATION TO HAVE THE CHAPTER 7 FILING FEE WAIVED¹

The Application to Have the Chapter 7 Filing Fee Waived for Individuals to Pay the Filing Fee in Installments, filed is deficient for one or more of the following reasons. Please submit as an **AMENDED** Application to Have the Chapter 7 Filing Fee Waived.

Missing Signature(s)

Other:

ADVERSARY PROCEEDING

Alias Summons:

Amended Complaint:

Adversary Proceeding Coversheet:

Amended Adversary Proceeding Coversheet:

Other:

¹ The Amended Application must be filed within 10 days of the date of this Notice.

In Re:

Case No.

NOTICE OF DEFICIENCY AND/OR CORRECTION(S) REQUIRED

RETURNED DOCUMENT(S) – REQUEST FOR ADDITIONAL INFORMATION

In order to properly process your document(s), additional information is needed:

Case number and case name does not match our records. Please verify the correct case number and/or case name.

Case number is not listed on the document. Please provide the case number.

Please fill out the attached Proof of Claim form.

Other:

MOTION DEFICIENCY – Motion is deficient for the follow:

Motion is deficient for payment. Please submit payment.

Notice of Motion – please complete and submit.

Proposed Order – please complete and submit.

ADDITIONAL CORRECTIONS REQUIRED – Please make all necessary corrections to the document(s) listed below.

Amended Schedule/List of Creditors is deficient for payment. Please submit payment.

Amended Petition to Correct:

Motion to Redact and Proposed Order²

Other:

² A motion to redact personal information prohibited under Fed.R. Bankr. P. 9037(A) should be filed without notice of motion and without serving other parties. The motion must be accompanied by a redacted version of the filed document and a proposed order requiring the clerk to substitute the redacted document for the unredacted document. A proposed order can be found on the courts website <http://www.ilnb.uscourts.gov> under Forms/Local Bankruptcy Forms titled Order to Redact. We are attaching a sample of the order.

Include the name of the debtor/joint debtor, the case number, the signature of the debtor/joint debtor on all required documents. If applicable, include the signature of the attorney representing the debtor/joint debtor.

PAYMENT REQUIRED – Please include a cashier's check or money order payable to Clerk, U. S. Bankruptcy Court

Please mail the required document(s) or payment listed above, including this Notice to my attention at:

Date:

Deputy Clerk _____

Contact Number _____